PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

| Attorney Docket No.: P-7835 Express Mail No.: EV 331791 | | O |
|---|--|------------------|
| | ication Identifier: Orhan Soykan; Maura G. Donovan for Myocardial Infarction Repair | 2878 2878 |
| | CERTIFICATE UNDER 37 CFR SECTION 1.10: I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope address "EXPRESS EV 331791687 US addressed to Box Patent Application, Commissioner of Patents and Trademarks, Washington, D.C. 20231, on this day of OCTOBER, 2003. Juanita I. Traufler | 10/69; |
| | Printed Name Reasite J. Draufler Signature | |
| Mail Stop BOX PATENT API Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | PLICATION | |
| Sir: | | |
| X Drawings Total Sheets: 2 (X forms X Combined Declaration Newly executed (Ur X Copy from prior appl Deletion of inventor(CFR 1.63(d)(2) and Incorporation by reference declaration is supplied and is hereby incorp X Accompanying application | /title page 1 sheet; specification 42 sheets; claims 4 sheets; abstract 1 sheet; al; _ informal) and Power of Attorney: asigned) lication s) signed statement attached deleting inventor(s) named in the prior application 1.33(b) erence The entire disclosure of the prior application, from which a copy of the ded above is considered as being part of the disclosure of the accompanying applicated by reference herein. tion parts: | n (37 path or |
| _ Assignment cover sh X Information Disclosu X PTO Form 1449 _ Copies of IDS citatio _ Preliminary Amendm | evention to Medtronic, Înc. neet ure Statement | |
| IF A CONTINUING APPLICA X Continuation | TION: _ Divisional _ Continuation-in-Part | |
| of prior application n | o. 09/706,531 | |
| X Amend the specifica X Continuation of application numb | tion by inserting before the first line the sentence: This application is a Divisional Continuation-in-Part per 09/706,531. | |
| Cancel in this application Cancel in this application | ation original claims of the prior application before calculating the filing fee. (At $oldsymbol{d}$ dependent claims must $oldsymbol{b}$ retained for filing purposes.) | east |
| X The prior application | is assigned of record to Medtronic, Inc. | |

X The Power of Attorney in the prior application is to: **Kenneth J. Collier**.

This application claims the benefit of U.S. Provisional Application(s) Serial No. _filed _____.

X Address all future correspondence to:

Kenneth J. Collier Reg. No. 34,982 **Medtronic, Inc.** 710 Medtronic Parkway N.E. Minneapolis, MN 55432 Telephone: (763) 505-2521

FEE CALCULATION

| | No. Of Claims Filed | Claims Included in Base Fee | No. Of Extra Claims | Rate | Fee |
|--------------------------------|------------------------|--------------------------------|------------------------|----------|----------|
| Total Claims | 25 | 20 = | 5 | x \$ 18 | \$ 90.00 |
| Independent Claims | 3 | 3 = | | x \$86 | 00.00 |
| Multiple Dependent Claim(s) | | 0 = | | + \$ 290 | |
| Basic Filing Fee | | | 0 | | \$770.00 |
| | | | | TOTAL | \$860.00 |

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. Adupticate of this transmittal is enclosed.

Date

Kenneth J. Collier Attorney Reg. No. 34,982

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